

STARK COUNTY HEALTH DEPT OPERATION / ADDITION EVALUATION					
3951 CONVENIENCE CIRCLE NW CANTON, OHIO 44718 PHONE 330-493-9904 FAX 330-493-9920					
APPLICANT / OWNER		DESCRIPTION OF IMPROVEMENT(S)		↓ OFFICE USE ONLY ↓	
ADDRESS		<input type="checkbox"/> LIVING SPACE	<input type="checkbox"/> GARAGE	SATISFACTORY	
		<input type="checkbox"/> OUT-BUILDING	<input type="checkbox"/> POOL		
		<input type="checkbox"/> DECK	<input type="checkbox"/> PORCH		
CITY	ZIP	<input type="checkbox"/> SHED	<input type="checkbox"/> PROPERTY SPLIT	<input type="checkbox"/> Proposed addition or split will not interfere with location of septic system, future replacement area, or water well. In addition, septic system is functioning satisfactory at the time of inspection. (If the septic system malfunctions in the future it will need repaired or replaced.)	
TOWNSHIP		<input type="checkbox"/> OTHER			
CONTACT PHONE/CELL		SIZE AND DESCRIPTION:		UNSATISFACTORY	
CONTRACTOR / BUILDER PHONE (If applicable)		↓ OFFICE USE ONLY ↓		<input type="checkbox"/> Proposed addition or split interferes with the septic system or water well. You must obtain a variance from the Board of Health or relocate/alter the addition to meet code requirements.  <input type="checkbox"/> Septic system has failed, it will need repaired or replaced. Contact the Stark County Health Department to make arrangements for lot evaluation (330) 493-9904. Once the property has been evaluated, a septic permit may be obtained.	
		SEWAGE SYSTEM COMPONENTS - PRIMARY			
		NUMBER OF SEPTIC TANKS X	TOTAL CAPACITY		
↓ OFFICE USE ONLY ↓		SEWAGE SYSTEM COMPONENTS - SECONDARY		FURTHER ACTIONS, APPROVED TO CONTINUE	
<input type="checkbox"/> SANITARY SEWER <input type="checkbox"/> SEPTIC SYSTEM		ADDITIONAL PRETREATMENT PRIOR TO DISPOSAL		<input type="checkbox"/> NECESSARY CORRECTIONS MADE	
<input type="checkbox"/> RECORDS AVAILABLE <input type="checkbox"/> NO RECORDS		<input type="checkbox"/> YES <input type="checkbox"/> NO (Mfg. Aerobic)		<input type="checkbox"/> VARIANCE GRANTED	
PAYMENT		TYPE OF AEROBIC (IF APPLICABLE)		<input type="checkbox"/> PROMISSORY LETTER RECEIVED, PERMIT ISSUED.	
<input type="checkbox"/> \$60.00 OPERATION INSPECTION		ADDITIONAL COMPONENTS		FURTHER ACTIONS, ADDITION OR SPLIT DENIED	
<input type="checkbox"/> NO PAYMENT NEEDED, WELL ONLY				<input type="checkbox"/> ADDITION OR SPLIT WILL INTERFERE WITH SEPTIC SYSTEM OR WATER WELL LOCATION/OPERATION <input type="checkbox"/> VARIANCE DENIED	
<input type="checkbox"/> NO PAYMENT NEEDED					
DATE PAID		<input type="checkbox"/> OTHER SECONDARY TREATMENT		COMMENTS	
REASON - PLEASE CHECK ONE		<input type="checkbox"/> MOUNDED SAND FILTER			
<input type="checkbox"/> ADDITION EVALUATION		<input type="checkbox"/> SUBSURFACE SAND FILTER			
<input type="checkbox"/> O/M INSPECTION		SIZE OF ABOVE			
<input type="checkbox"/> HOME REFINANCE		SEWAGE SYSTEM COMPONENTS - DISPOSAL			
<input type="checkbox"/> NUISANCE		DISPOSAL TYPE			
<input type="checkbox"/> SUBDIVISION INSPECTION		SQ. FT.      LENGTH      WIDTH      DEPTH			
<input type="checkbox"/> OWNER REQUEST		DISCHARGE TO			
<input type="checkbox"/> ADDITION EVALUATION - WATER WELL ONLY		OTHER DEVICES			
<input type="checkbox"/> REPAIR OF SYSTEM		<input type="checkbox"/> Pumps (Y or N) <input type="checkbox"/> Drains type			
<input type="checkbox"/> OTHER		<input type="checkbox"/> Pump Type ↓ <input type="checkbox"/> Min. Drain Depth			
STATUS - PLEASE CHECK ONE		<input type="checkbox"/> Grinder Or Effluent <input type="checkbox"/> Drain Pump (Y or N)			
<input type="checkbox"/> FIELD LOCATED COMPONENTS - OK		<input type="checkbox"/> Time dosing (Y or N) <input type="checkbox"/> Pump Tank (Y or N)			
<input type="checkbox"/> IN OFFICE RECORD REVIEW - OK		<input type="checkbox"/> Pressure dosing Y or N			
<input type="checkbox"/> NO RECORDS COMPONENTS UNKNOWN - OK		<input type="checkbox"/> Demand Dosing Y or N			
<input type="checkbox"/> NO NUISANCE - RECOMMENDATIONS		<input type="checkbox"/> Gravity Only			
<input type="checkbox"/> NUISANCE-CORRECTION NEEDED					
<input type="checkbox"/> RECORDS AVAILABLE; FIELD INSP - OK					
<input type="checkbox"/> REPAIR COMPLETED					
<input type="checkbox"/> REPAIR IN PROGRESS					